

EXHIBIT 2



HEY KIDS! LET'S HAVE FUN AT AFTER SCHOOL SATAN CLUB!

**SCIENCE & COMMUNITY SERVICE PROJECTS!
PUZZLES AND GAMES! NATURE ACTIVITIES! ARTS AND
CRAFTS! SNACKS! & TONS OF FUN!**

PARENTS, YOUR CHILD WILL LEARN...

- **BENEVOLENCE & EMPATHY • CRITICAL THINKING • PROBLEM SOLVING •**
- **CREATIVE EXPRESSION • PERSONAL SOVEREIGNTY • COMPASSION •**

THE SATANIC TEMPLE IS A NON-THEISTIC RELIGION THAT VIEWS SATAN AS A LITERARY FIGURE WHO REPRESENTS A METAPHORICAL CONSTRUCT OF REJECTING TYRANNY AND CHAMPIONING THE HUMAN MIND AND SPIRIT. AFTER SCHOOL SATAN CLUB DOES NOT ATTEMPT TO CONVERT CHILDREN TO ANY RELIGIOUS IDEOLOGY. INSTEAD, THE SATANIC TEMPLE SUPPORTS CHILDREN TO THINK FOR THEMSELVES.

ALL AFTER SCHOOL SATAN CLUBS ARE BASED ON ACTIVITIES CENTERED AROUND THE SEVEN FUNDAMENTAL TENETS, AND EMPHASIZE A SCIENTIFIC, RATIONALIST, NON-SUPERSTITIOUS WORLDVIEW.

SAUCON VALLEY MIDDLE SCHOOL

2097 POLK VALLEY RD, HELLERTOWN, PA 18055

DATES: 3/8/2023. 4/12/2023, AND 5/10/2023

START TIME: 3:05 PM END: 4:30 PM

LOCATION: LARGE GROUP INSTRUCTION ROOM (IN THE MIDDLE SCHOOL)

SPONSORED BY: THE SATANIC TEMPLE AND REASON ALLIANCE

FOR MORE INFORMATION E-MAIL: ASSC@THESATANICTEMPLE.COM

WEBSITE: TST.LINK/ASSC



PERMISSION SLIP PLEASE RETURN THE BOTTOM OF THIS FORM WITH YOUR STUDENT TO THEIR FIRST CLUB MEETING. PLEASE MAKE SURE YOUR CHILD'S TEACHER IS AWARE THEY WILL BE JOINING US ON CLUB DAYS! PLEASE COMPLETE ONE FORM PER CHILD.

FOR AN ELECTRONIC PERMISSION SLIP: TST.LINK/ASSCSIGNUP



YES, MY CHILD HAS PERMISSION TO ATTEND THE AFTER SCHOOL SATAN CLUB (ASSC).

A HEALTHY PRE-PACKAGED SNACK WILL BE PROVIDED—PLEASE NOTE ANY KNOWN FOOD ALLERGIES BELOW

HOW WILL YOUR CHILD GET HOME ON CLUB DAY AT 4:30 PM (CIRCLE ONE)

- PICKED UP BY MYSELF AT SAUCON VALLEY MIDDLE
- WALK OR BIKE HOME
- ATTENDS ANOTHER AFTER SCHOOL PROGRAM
- PICKED UP BY AN APPROVED ADULT AT SAUCON VALLEY MIDDLE NAME(S) OF APPROVED ADULT:

STUDENT INFORMATION (FOR STUDENTS K-8)

STUDENT FIRST & LAST NAME:	PARENT/GUARDIAN NAME & CELL PHONE:
MAILING ADDRESS:	CITY/STATE: ZIP:
GRADE OF STUDENT:	EMERGENCY CONTACT NAME & CELL PHONE:
HOMEROOM TEACHER:	
EMERGENCY CONTACT NAME & CELL:	ANY KNOWN FOOD OR DRUG ALLERGIES:

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PARENT/GUARDIAN SIGNATURE:

DATE:

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BROCHURE**



ASSC WEBSITE

